

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081816

**Entity Name:** HELEN KOSLOWSKI, LLC

**Current Principal Place of Business:**

3599 UNIVERSITY BOULEVARD SOUTH  
SUITE 601  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3599 UNIVERSITY BOULEVARD SOUTH  
SUITE 601  
JACKSONVILLE, FL 32216

**FEI Number:** 26-3256027

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOSLOWSKI, HARRY  
3599 UNIVERSITY BOULEVARD SOUTH  
SUITE 601  
JACKSONVILLE, FL 32216 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KOSLOWSKI, HARRY  
Address 3599 UNIVERSITY BLVD. SOUTH, STE.  
601  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARRY KOSLOWSKI

**OWNER**

**04/28/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date